

**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2004 - JUNE 30, 2005**

1. DEPARTMENT/COURT INFORMATION:

Department/Court: HHSA AMH PHARMACY

Division/Unit PHARMACY

2. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol.	<u>2</u>	Hours	<u>218</u>	x	\$17.55	=	<u>3825.90</u>
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Types of work performed by GENERAL VOLUNTEERS in this category:

Filing, copying, sorting,

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol.	_____	Hours	_____	x	\$ 17.55	=	_____
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.

<u>Position</u>	<u>Hours</u>	x	<u>VCL</u>	=	<u>Dollar Benefit</u>
Pharm tech volunteers <u>26</u>	<u>3440</u>	x	<u>17.55</u>	=	\$60,372.00
Pharm.D. Candidates <u>13</u>	<u>2028.5</u>	x	<u>17.55</u>	=	\$35,600.18

No. Vol	<u>39</u>	Total Hours	<u>5468.5</u>	Total Value	\$ <u>95,972.00</u>
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

Pharm techs are taught the basics of pharmacy technician practice

4th year Pharm.D. candidates are assigned, as part of their formal education and as a requirement for graduation from pharmacy school, a clinical project. Practical pharmacy experience is also emphasized, including clinical rounds.

4th year students come from UCSF and / or Nevada College of Pharmacy

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a:	<u>2</u>	<u>18</u>	\$ <u>3829.90</u>
2b:	<u> </u>	<u> </u>	\$ <u> </u>
2c:	<u>39</u>	<u>5468.5</u>	\$ <u>95972.00</u>

TOTALS:	<u>41</u>	<u>5486.5</u>	\$ <u>99801.90</u>
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3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

<u>Item Donated</u>	<u>Value</u>
<u>Medications – St. Vincent DePaul Center</u>	\$ <u>34,070.40</u>
<u>Medications Edgemoor</u>	\$ <u>3,974.88</u>
<u>Medications - UCSD</u>	\$ <u>10,221.12</u>
<u>Medications – Tsunami Disaster</u>	\$ <u>22,695.41</u>

TOTAL VALUE \$ <u>70,961.81</u>

4. VOLUNTEER PROGRAM COSTS:

- a. Cost of direct supervision of volunteers (total hours of direct supervision times hourly rate of staff person(s) directly supervising program volunteers.

Hours <u> </u> x Rate \$ <u> </u> =	\$ <u>22230.00</u>
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(2 clerical – no cost time)
 (26 pharm tech @10 hours = 260 (\$18.00) = 4680
 (13 pharm.d. @30 hours = 390(\$45.00) = 17,550

- b. Cost of program coordination (total hours of program coordination times hourly rate of coordinator(s)). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

Hours _____ x Rate \$ _____ =

\$ _____ included

- c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

<u>Item</u>	<u>Cost</u>
<u>NONE</u>	<u>0</u>

TOTAL OF OTHER PROGRAM COSTS

=

\$ NONE

- d. TOTAL OF VOLUNTEER PROGRAM COST =
(add 4a, 4b, and 4c)

\$ 22,230

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) \$ 99801.90

b. Total of Donations to Volunteer Program, Item 3 (Page 2) \$ 70,961.81

ADD a + b \$ 170763.71

c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3) (\$ 22,230.00)

TOTAL PROGRAM BENEFIT \$ 148,533.71

6. RECRUITING:

Please describe your recruiting programs:

The Chief Pharmacist developed relationships with three vocational schools in San Diego and assisted in development of curricula for training pharm tech students. The Chief Pharmacist sits on the Advisory Boards of all three vocational schools as a result of the successes the programs have enjoyed.

The Chief Pharmacist, in conjunction with the staff pharmacist identified as the clinical pharmacist, established relationships with three major universities (UCSD, UCSF and Nevada College of Pharmacy) and developed academic curricula found to be acceptable to the universities. The Chief Pharmacist and the clinical pharmacist have been granted assistant clinical professorship status.

7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:

Please describe any special activities and/or achievements your program was involved in during the period of this report:

Recognition by a Global Pharmaceutical manufacturer of our work on appropriate dose using one of their proprietary medications.

Implementation of multidisciplinary clinical rounds at the County Hospital contrivuted to an enhanced level of patient care and in some cases, shorter length of stay, thus saving the County hospitalization dollars.

Development of a series of clinical presentations for County Physicians addressing appropriate use of medicationn in a cost effective manner, resulting in a greated understanding of cost effective medication use. These afforts contributedin some part to the 40% decrease in medication costs enjoyed by the HHSA this fiscal year.

8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2005-06:

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

All programs shall continue. We will continue in our outstanding work and distinguish the County of San Diego HHSA Pharmacy department as the leader in clinical pharmacy excellence and financial conservation innovation.

9. GENERAL INFORMATION:

Name of Person Completing Report: William Mastin, Chief Pharmacist

Phone Number: 619 692 5600 Mail Stop P502J

E-Mail William.mastin@sdcounty.ca.gov

Volunteer Coordinator:

Phone Number: _____ Mail Stop _____ E-Mail _____

10. DEPARTMENT CERTIFICATION:



DEPARTMENT HEAD SIGNATURE

6-29-05
DATE